2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2008 8:00 am Secretary of State **DOCUMENT # 704215** 1. Entity Name 04-18-2008 90043 002 ****61.25 TITUSVILLE ART LEAGUE INC Principal Place of Business Mailing Address 1421 DRAA RD PO BOX 6133 TITUSVILLE FL 32782 TITUSVILLE FL 32782-6133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address PO BOX 613 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State Applied For City & State 4. EEI Number 23-7167540 FL TITUSVILLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32781-0613 u s Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>.WINEQUGH,</u> ANITA Street Address (P.O. Box Number is Not Acceptable) 2580(TULIPS)TRAIL TITUSVILLE FL 32780 2TOUPS 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorica. Lam familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or primed name of registered agent and title if approacie. (NOTE: Behallsreit Agent signature regulated when reinstating) FILE NOW: FEE IS \$61.25: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees a chi inili ili inalimi i OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD PD ☐ Delete Change T:TLF TITLE ■ Addition THEIS, MARY ANN SHOEMAKER, JENNI NAME NAME 575 SHADOW WOOD #235 2825 COOPER DR STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32796 CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE, FL 32780 1VD **X** Change TATLE Delate Title Addition COLLISTER, B J MERCKSON, JOYCE A. NAME NAME 2940 JACARANDA TRAIL STREET ADDRESS PO BOX 1436 STREET ADDRESS GENEVA FL 32732 TITUSVILLE, FL 32780 CITY-ST-ZIP C67Y-37-74P VD Change TITLE ☐ Delete TITLE Addition ATWOOD FREIDA NAME MULLER_GORDON_ NAME 43E BROAD STREET 3895 ALACHUA AVE STREET ADDRESS STREET ADDRESS TITUSVILLE, FL 32796 TITUSVILLE FL 32796 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE MERCKSON, JOY NAME FOTOPOLUS, SARAH NAME 7 INDIAN RIVER AVE #707 STREET ADDRESS 2940 JACARANDA TRAIL STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP TITUSVILLE FL 32780 TD Addition ☐ Delete ☐ Change TITLE TITLE LUTHER, JOYCE NAME 2935 LA CITA LANE STREET AUDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CHY-ST-7P CSD ☐ Delete Change ☐ Addition THILE TITLE ALTON, MARLENE NAME NAME 5220 AMY WAY STREET ADDRESS STREET ADDRESS MIMS FL 32754 CITY-ST-ZIP CITY-SI-7IP

FILED

SIGNATURE: Suc M. Luther, Treasurer JONCE M. LUTHER 4/7/08 321-268-1644

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11

if changed, or on an attachment with an address, with all other like empowered.